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PTO/SB/22 (09-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) USD10077	
Application Number 09/821,176		Filed 03/29/2001	
For Peer Distributed Embedding Web Server System		Examiner Victor D. Lesniewski	
Art Unit 2156			

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ <u>110</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420	\$210	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950	\$475	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1480	\$740	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2010	\$1005	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 34,374

Signature

James D. Leimbach
Typed or printed name

November 17, 2004
Date

(585) 381-9993
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a patent and is not to be used for any other purpose (USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-04/2)
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **110.00**

Complete if Known

Application Number	09/821,176
Filing Date	03/29/2001
First Named Inventor	Douglas M. Camens
Examiner Name	Victor D. Lesniewski
Art Unit	2155
Attorney Docket No.	US010077

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																				
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: _____ Deposit Account Name: _____ The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1062 50</td> <td>2052 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053 130</td> <td>1063 130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812 2,520</td> <td>1812 2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804 920*</td> <td>1804 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805 1,840*</td> <td>1805 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251 110</td> <td>2251 55</td> <td>Extension for reply within first month</td> <td>110.00</td> </tr> <tr> <td>1232 430</td> <td>2262 215</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253 880</td> <td>2253 490</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254 1,530</td> <td>2254 765</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255 2,080</td> <td>2255 1,040</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401 340</td> <td>2401 170</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402 340</td> <td>2402 170</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403 300</td> <td>2403 150</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451 1,510</td> <td>1451 1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452 110</td> <td>2452 55</td> <td>Petition to revive - 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James D. Leimbach	Registration No. (Attorney/Agent)	34,374
Signature	<i>James D. Leimbach</i>	Telephone	585 381-9983
		Date	November 17, 2004

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